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PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted Declaration Submitted after Initial
With Initial OR Filing Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	TET-PT047
First Named Inventor	Jun-Chang Chen
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SCAN DRIVING CIRCUIT FOR USE IN PLANAR DISPLAY

the specification of which *(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
091132320	Taiwan	10/31/2002	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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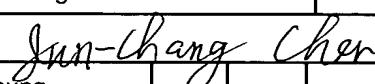
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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)														
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.																
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;"><input checked="" type="checkbox"/></td> <td style="width: 15%; text-align: center;">Customer Number</td> <td style="width: 15%; text-align: center;">3624</td> <td style="width: 15%; text-align: center;">→</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/> Place Customer Number Bar Code Label here</td> </tr> <tr> <td colspan="4" style="text-align: center;">OR</td> </tr> <tr> <td colspan="5" style="text-align: center;"><input type="checkbox"/> Registered practitioner(s) name/registration number listed below</td> </tr> </table>			<input checked="" type="checkbox"/>	Customer Number	3624	→	<input type="checkbox"/> Place Customer Number Bar Code Label here	OR				<input type="checkbox"/> Registered practitioner(s) name/registration number listed below				
<input checked="" type="checkbox"/>	Customer Number	3624	→	<input type="checkbox"/> Place Customer Number Bar Code Label here												
OR																
<input type="checkbox"/> Registered practitioner(s) name/registration number listed below																
Name	Registration Number	Name	Registration Number													
Namely, the Attorneys of Volpe and Koenig, P.C.																
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.																
Direct all correspondence to: <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;"><input checked="" type="checkbox"/></td> <td style="width: 15%; text-align: center;">Customer Number</td> <td style="width: 15%; text-align: center;">3624</td> <td style="width: 15%; text-align: center;">OR</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/> Correspondence address below</td> </tr> </table>		<input checked="" type="checkbox"/>	Customer Number	3624	OR	<input type="checkbox"/> Correspondence address below										
<input checked="" type="checkbox"/>	Customer Number	3624	OR	<input type="checkbox"/> Correspondence address below												
Name	VOLPE AND KOENIG, P.C.															
Address																
Address																
City		State														
Country		Telephone														
			Fax													
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.																
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor														
Given Name (first and middle [if any])		Family Name or Surname														
Jun-Chang		Chen														
Inventor's Signature				Date	2003, 10. 1											
Residence: City	Taichung	State	Country	Taiwan, R.O.C.	Citizenship	R.O.C.										
Post Office Address	No. 31-2, Lungbei Rd., Lungjing Shiang															
Post Office Address																
City	Taichung	State		ZIP	434	Country	Taiwan, R.O.C.									
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.																

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>	
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Chaung-Ming		Chiu				
Inventor's Signature	<i>Chaung-ming Chiu</i>				Date	2003/08/29
Residence: City	Taoyuan	State		Country	Taiwan, R.O.C.	Citizenship
Mailing Address	No. 487, Lungshing Rd., Jungli City					
Mailing Address						
City	Taoyuan	State		ZIP	320	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature					Date	
Residence: City		State		Country		Citizenship
Mailing Address						
Mailing Address						
City		State		ZIP		Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature					Date	
Residence: City		State		Country		Citizenship
Mailing Address						
Mailing Address						
City		State		ZIP		Country

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